



PLEASE PRINT OR TYPE

Please refer to your Administration Kit for enrollment and mailing instructions

GROUP BENEFITS ENROLLMENT FORM

EMPLOYEE/FAMILY INFORMATION

Employer/Policyholder: Town of Reading
Employee Name:
Home Address:
Gender:
Occupation:
Date of Birth:
Age:
PAYROLL TYPE:
Earnings:
Spouse:
Date of Hire:
Effective Date:
State:
Class:

LIFE

You Must Have Basic Coverage to Elect Voluntary Coverage

You Must Have Voluntary Coverage to Elect Dependent Coverage

BASIC:
Group # 9 Div. 124
YES NO Insurance Amount
LIFE & AD&D \$ 500.00

VOLUNTARY:
Group # 9 Div. 24545
YES NO Insurance Amount
LIFE & AD&D
SPOUSE
DEPENDENT LIFE:
CHILD(REN)

(4.18 per month)

BENEFICIARY

Name of Your Beneficiary(ies) for Life and/or AD&D Benefits: (Total Percentage of Benefit must equal 100%) List Additional Beneficiaries on separate sheet

Table with columns: Primary Beneficiary(ies), % of Benefit, Relationship, Address. Includes Contingent Beneficiary(ies) section.

If you designate more than one beneficiary, please be sure the total percentages of benefit equals 100%. If you do not designate a percentage payable for each beneficiary, the total proceeds payable will be divided equally among each beneficiary.

ACCEPTANCE OF INSURANCE - Employee Signature Required

I apply for the insurance for which I am now eligible (or for which I may become eligible) under the provisions of the Group Policy or Group Policies issued to my employer by the Boston Mutual Life Insurance Company and authorize deductions, if any, from my earnings of the required premium contribution toward the cost of the insurance.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

SIGNATURE

REFUSAL OF INSURANCE

Employee Name: \_\_\_\_\_ Employee/Policyholder: \_\_\_\_\_ Group No. \_\_\_\_\_

I hereby certify that I have been given an opportunity to participate in the Group Insurance Plan offered by my Employer (or the Association with whom I am affiliated) and insured by Boston Mutual Life Insurance Company and that I have declined to do so with respect to:

- Basic Life & AD&D
Voluntary Life & AD&D
Dependent Life

I further understand that if I desire to participate in the Plan at a later date with respect to the coverage checked, I must furnish, at my own expense, evidence of insurability satisfactory to Boston Mutual Life Insurance Company.

Signature of Employee \_\_\_\_\_ Date \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date \_\_\_\_\_



## Voluntary Life and Accidental Death & Dismemberment

### Added Protection for You and Your Family...

Everyone has the need for financial security, but the needs of each employee can vary. To help meet these needs, Boston Mutual Life Insurance Company and the Town of Reading are proud to offer a Group Voluntary Life and Accidental Death & Dismemberment program for you and your family.

#### Eligibility:

You, as an active full-time employee working 20 hours or more per week, your spouse, your unmarried children ages 14 days to 19 years (to age 25 if a full-time student), and handicapped children over the age of 19 are eligible for coverage. Dependents may not be insured if they are confined in a medical facility.

#### Available Insurance:

You have the flexibility to choose coverage in units of \$10,000 to a maximum of \$300,000. However, the maximum coverage amount may not exceed five times your annual salary.

#### Family Coverage:

You may insure your spouse in units of \$5,000 to a maximum of \$50,000, not to exceed 50% of your coverage amount.

Dependent children age 1-19 years (up to 25 if full-time student) are eligible for \$5,000.

Dependent children 14 days to 1 year are eligible for \$500.00.

A spouse or child who is an employee cannot be insured as a dependent. If both spouses are insured employees of the same group, their children can only be insured as dependents of one spouse.

#### Medical Questions:

If you and your dependents enroll within 31 days of becoming eligible, you and your spouse may purchase a specific amount of insurance on a guaranteed basis. No medical questions asked for coverage at or under the Guaranteed Issue Amount.

#### Guaranteed Issue Amounts:

Age	Employee	Spouse
Under 60	\$80,000	\$20,000
60-69	\$30,000	\$10,000
70 and Over	\$10,000	- Not Eligible -

Guaranteed Issue coverage will become effective on the later of: the effective date of the group policy; or the date the application is received by Boston Mutual. Proof of good health satisfactory to Boston Mutual is required for amounts above the Guaranteed Issue Amounts.

#### Premium Cost:

Sample monthly payroll deductions for you and your spouse each are shown below:

Sample monthly Premium Rate Costs Per Volume of Insurance						
Age	Monthly Premium Rate per \$1,000	10,000	30,000	50,000	80,000	100,000
0-35	0.12	1.20	3.60	6.00	9.60	12.00
35-39	0.16	1.60	4.80	8.00	12.80	16.00
40-44	0.23	2.30	6.90	11.50	18.40	23.00
45-49	0.33	3.30	9.90	16.50	26.40	33.00
50-54	0.52	5.20	15.60	26.00	41.60	52.00
55-59	0.71	7.10	21.30	35.50	56.80	71.00
60-64	0.94	9.40	28.20	47.00	75.20	94.00
65-69	1.42	14.20	42.60	71.00	113.60	142.00

Premium rates are based on attained age and change as each individual moves to a higher age bracket. Premium rates for members age 69 and over are available. Please contact your Benefits Administrator for details.

#### Dependent Cost:

The total monthly premium cost to insure all eligible dependent children for Life Insurance is only \$.95 per Family Unit. All life coverage for dependent children is Guaranteed Issue.

#### Portability Privilege:

If you leave your employment, the coverage is "portable" for yourself, spouse, and dependent children. The coverage would not include Waiver of Premium or AD&D.

#### Conversion Privilege:

Yes, you may convert your Voluntary Life coverage for yourself, spouse, and children to a whole life policy without proof of good health, if you apply within 31 days of the date coverage terminated, and it did not terminate due to non-payment of premium. The premiums are based on Boston Mutual's usual rate for the insured's age on the date of conversion.

#### **Accelerated Death and Dismemberment Benefit:**

The Accelerated Death Benefit provision enables an employee diagnosed with a terminal illness, resulting in a life expectancy of twelve months or less, to receive a portion of the life insurance benefit prior to death. The remaining benefit will be paid to the beneficiary.

#### **What Happens if I Become Totally Disabled?**

If you become totally disabled prior to age 60 and remain very disabled for the period stated in the policy, Boston Mutual will continue your insurance without any further payment of premiums.

#### **What is AD&D?**

It doubles the Life Insurance benefit if death is due to an accident. Dismemberment benefits are payable for loss of eyesight or limbs according to the policy provisions. AD&D is only available for employees and their spouses.

#### **The Education Benefit:**

We will pay a percentage of an employee's life insurance benefit to a maximum of \$2,500 per year, for up to four years of education, to each qualifying dependent if the employee's death is the result of an accident while covered under Group Voluntary AD&D. *(Not available in all states)*

#### **The Seat Belt Benefit:**

We will pay an additional 50% of the AD&D benefit, not to exceed \$10,000, in the event of an insured's death because of an automobile accident while wearing a properly secured seat belt.

#### **Are There Reductions?**

Yes, they are stated in the master policy and your certificate.

- Employee's Life insurance reduces upon the attainment of age 70 and periodically thereafter in accordance with the following schedule:
  - To 65% of the original benefit at age 70;
  - To 50% of the original benefit at age 75;
  - To 35% of the original benefit at age 80;
  - To 25% of the original benefit at age 85;
  - To 20% of the original benefit at age 90;
  - To 15% of the original benefit at age 95
- Spouse's insurance terminates upon the attainment of age 70.
- Dependent Children terminate upon notice to Boston Mutual that all dependents children are no longer eligible.
- *All insurance benefits shall terminate upon retirement.*

#### **Are There Exclusions?**

Under the AD&D coverage, benefits are not payable for losses cause by or contributed to by self-inflicted injuries, suicide or attempted suicide, riot or war, diseases, ptomaine or bacterial infection, drug and/or alcohol abuse, commission of an assault or felony by an employee, accident while serving on active duty, travel or flight in any aircraft or devise (does not apply to commercial flights) or injury which occurred before the Employee was insured by this policy.

#### **Bereavement Counseling:**

Our Counseling partner, Health Management Systems of America- a nationally recognized leader in the field of Mental and Behavioral Health Care Services, provides this service to all beneficiaries who experience the loss of a loved one. HMSA offers access to a toll-free counseling service supported by professional counselors experienced with the human emotions associated with the death of a loved one.

#### **How Do I Apply?**

Complete the enrollment form. When you sign it, you are giving your employer authorization to deduct the premiums from your pay. We will process your application quickly. Coverage in excess of the Guaranteed Issue amount will become effective on the date Boston Mutual approves your application.

**This handout is intended to provide a summary of available coverage only. State variations to plan designs and/or benefit maximums may apply.**



## *Our Pledge To You...*

*For over 118 years, Boston Mutual has been a recognized leader in providing affordable coverage to working people. We are committed to the promises we have made to you, our customers.*